

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Apr 04 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F37663

(4)

1. Corporation Name:
EVA S. FREEMAN, P.A.



Principal Place of Business
6045 ROLLING ROAD DRIVE
MIAMI FL 33156

Mailing Address
6045 ROLLING ROAD DRIVE
MIAMI FL 33156-5626

3. Date Incorporated or Qualified
06/15/1981

3a. Date of Last Report
04/29/1996

2. Principal Place of Business
21 1717 N Bayshore Drive
Suite, Apt #, etc.

2a. Mailing Address
26 1717 N Bayshore Drive
Suite, Apt #, etc.

4. FEI Number
59-2144890

Applied For
Not Applicable

22 1987
City & State

27 1987
City & State

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

23 Miami, Florida
Zip 33132 Country U.S.A.

28 Miami, Florida
Zip 33132 Country U.S.A.

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

24 33132 25 U.S.A.

29 33132 30 U.S.A.

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PAUL H. FREEMAN, P.A.
9100 DADELAND BLVD.
MIAMI FL 33156

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Eva S. Freeman
Signature of person changing registered agent and title, if applicable

Paul H. Freeman
(NOTE: Registered Agent signature required when reinstating)

13/31/97
DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DP
NAME FREEMAN, EVA S
STREET ADDRESS 6045 ROLLING ROAD DRIVE
CITY-ST-ZIP MIAMI FL 33156

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS 1717 N BAYSHORE DRIVE, #1987
1.4 CITY-ST-ZIP MIAMI, FL 33132

TITLE S
NAME FREEMAN, PAUL H.
STREET ADDRESS 9100 DADELAND BLVD.
CITY-ST-ZIP MIAMI FL 33156

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Eva S. Freeman*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/31/97
Date

(305) 377-3225
Daytime Phone #

CR2E034 (9/96)